

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Wexford Labs, Inc.</u>	
<hr/>		
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Wexford Innovations</u>	
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>43-1028001</u>	
<hr/>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>KB Pods</u>	<u>325 Leffingwell Ave.</u>
	<u>1300 W. 3rd Street #2-F</u>	<u>Kirkwood, MO 63122</u>
	<u>Granite City, IL 62040</u>	<u>P.O. Box, Number, Street, City, State & ZIP Code</u>
	<small>Number, Street, City, State & ZIP Code</small>	
	<u>Madison</u>	Location of principal assets, if different from principal place of business
	<small>County</small>	<u>Number, Street, City, State & ZIP Code</u>
<hr/>		
5. Debtor's website (URL)	<u>www.wexfordlabs.com</u>	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

Debtor **Wexford Labs, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Wexford Labs, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1,
attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|-----------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|-----------------------------------------|----------------------------------------------------------------|------------------------------------------------------|

Debtor	Wexford Labs, Inc.	Case number (if known)
	Name	
	<input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Debtor **Wexford Labs, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 20, 2023**
MM / DD / YYYY**X /s/ Jeffrey Singer**

Signature of authorized representative of debtor

Jeffrey Singer

Printed name

Title **CEO****18. Signature of attorney****X /s/ Robert E. Eggmann**

Signature of attorney for debtor

Date **June 20, 2023**

MM / DD / YYYY

Robert E. Eggmann 6203021

Printed name

Carmody MacDonald P.C.

Firm name

120 S. Central Ave., Suite 1800**Saint Louis, MO 63105**

Number, Street, City, State & ZIP Code

Contact phone **314-854-8600**Email address **ree@carmodymacdonald.com****6203021 IL**

Bar number and State

Fill in this information to identify the case:Debtor name Wexford Labs, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 20, 2023**X /s/ Jeffrey Singer**

Signature of individual signing on behalf of debtor

Jeffrey Singer

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Wexford Labs, Inc.**
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dynamic Wipes Industries 9 Hatena Street Industrial Estate H Asdod 7726505 Israel	yaron@dynamicwipes.com 972885233777					\$584,605.50
Financial & Marketing Solutions LLC 6 Roclare Ln. Saint Louis, MO 63131		Secured by all assets.		\$403,765.17	\$0.00	\$50,524.50
Forklift America 4316 Bridgeton Industrial Drive Bridgeton, MO 63044	Kevin Redel kevin@forkliftamerica.com 314-575-4674					\$7,421.28
Industrial Soap Company 9150 Latty Ave Saint Louis, MO 63134	Amanda Dollar adollar@imperialdade.com 314-241-6363					\$5,461.71
John Hancock 401(k) 690 Canton Street Suite 100 Westwood, MA 02090		Company and employee contribution to 401k				\$12,759.73
Jung Logistics, Inc. 10075 Progress Parkway Mascoutah, IL 62258	Larry Heaton lheaton@jungtruck.com 618-530-1765					\$135,715.00
Jung Truck Service, Inc. 10075 Progress Parkway Mascoutah, IL 62258	Larry Heaton lheaton@jungtruck.com 618-530-1765					\$50,764.00

Debtor **Wexford Labs, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Magid Glove & Safety P.O. Box 95081 Chicago, IL 60694						\$6,458.45
MJ Property Holdings, LLC P.O. Box 711 Waseca, MN 56093	Koy Payne koypayne2300@gmail.com 507-384-2417					\$30,725.26
MSC Freight Attn: Cody Evans-Legal-Cargo Claims Dept 700 Watermark Blvd. Mount Pleasant, SC 29464	Cody Evans cody.evans@msc.com 843-971-4100					\$43,015.39
Pipeline Packaging 27157 Network PI Chicago, IL 60673						\$3,904.00
Prestige Print Solutions 1022 Fox Chase Industrial Dr. Arnold, MO 63010						\$3,860.00
RH Meyer P.O. Box 96 Thompson, MO 65285	Ron 314-614-0100					\$7,200.00
Rochester Midland P.O. Box 64462 Rochester, NY 14624	Chris McAvoy naorders@rochestermidland.com 800-836-1633					\$3,819.18
SAIA Motor Freight Line, LLC P.O. Box 730532 Dallas, TX 75373-0532						\$3,383.41
Shrink Solutions P.O. Box 97 1458 CR 194 Henagar, AL 35978	Chris Berry cberry@shrinksolutions.com 256-657-4296					\$39,969.74
SpaceKraft 5012 W. 79th St. Indianapolis, IN 46268						\$3,429.93

Debtor **Wexford Labs, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
State of California Department of Pesticide Regulation 1001 I Street Sacramento, CA 95812						\$34,973.41
Trade Press Media Group 2100 W. Florist Ave. Milwaukee, WI 53209						\$4,160.00
Univar Solutions USA, Inc. 62190 Collections Center Drive Chicago, IL 60693-0621						\$18,660.00

Fill in this information to identify the case:Debtor name Wexford Labs, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>1,386,692.26</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,386,692.26</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>2,641,867.27</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>12,759.73</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>2,127,981.62</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>4,782,608.62</u>

Fill in this information to identify the case:Debtor name Wexford Labs, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Triad BankChecking0401\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Security Deposit\$10,145.83**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$10,145.83

Debtor **Wexford Labs, Inc.**
Name

Case number (If known) _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 118,433.65 - 0.00 = \$118,433.65
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$118,433.65**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes Fill in the information below.

	Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
14.1. <u>Met Life - 25 Shares</u>		<u>\$1,387.50</u>

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture
Name of entity: _____ % of ownership _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1
Describe: _____

17. Total of Part 4.

Add lines 14 through 16. Copy the total to line 83.

\$1,387.50**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials					
	<u>Misc. Raw Materials</u>		<u>\$0.00</u>		<u>\$1,002,107.40</u>
20. Work in progress					
21. Finished goods, including goods held for resale					
	<u>Misc. Finished Goods</u>		<u>\$0.00</u>		<u>\$176,617.64</u>

Debtor **Wexford Labs, Inc.**
Name

Case number (If known) _____

22. **Other inventory or supplies**23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$1,178,725.0424. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No
☒ Yes. Book value 38,252.97 Valuation method FMV Current Value 38,252.97

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture <u>Misc. Office Furniture</u>	<u>\$0.00</u>		<u>\$6,716.51</u>
40.	Office fixtures <u>Misc. Office Fixtures</u>	<u>\$0.00</u>		<u>\$7,000.00</u>

41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$13,716.5144. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor **Wexford Labs, Inc.**
Name

Case number (If known) _____

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Cart; Floor Stand; Office Furniture for new office; Universal R320 Automatic Round; Added Forklift; Hazmat Storage Room; Portable Dock Plate; Scale Lab.	\$0.00		\$64,283.73

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$64,283.7352. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			

Debtor Wexford Labs, Inc. Case number (If known) _____
NameRTU Wexcide Germicidal Detergent
EPA ID 34810-21
Expiration 12/31/2023

\$0.00

Unknown

Ready to Use Thymo-Cide
EPA ID 34810-25
Exp.: 12/31/2023

\$0.00

Unknown

Wex-Cide 128 Germicidal Detergent
EPA ID 34810-31
Exp.: 12/31/2023

\$0.00

Unknown

CleanCide RTU Disinfectant
EOA ID 34810-35
Exp.: 12/31/2023

\$0.00

Unknown

CleanCide Wipes
EPA ID 34810-36
Exp.: 12/31/2023

\$0.00

Unknown

Pureflexion Wipes
EPA ID 34810-37
Exp.: 12/31/2023

\$0.00

Unknown

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor **Wexford Labs, Inc.**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$10,145.83	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$118,433.65	
83. Investments. <i>Copy line 17, Part 4.</i>	\$1,387.50	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,178,725.04	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$13,716.51	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$64,283.73	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,386,692.26	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,386,692.26

Fill in this information to identify the case:Debtor name Wexford Labs, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Financial & Marketing Solutions LLC Creditor's Name 6 Roclare Ln. Saint Louis, MO 63131 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2012/2022 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Secured by all assets. Describe the lien Line of Credit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$403,765.17	\$0.00

2.2	Jeffrey L. Singer Revocable Trust Creditor's Name dtd 3-20-1996 2 Sunnymead Lane Saint Louis, MO 63124 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2022 Last 4 digits of account number	Describe debtor's property that is subject to a lien Secured by all assets. Describe the lien Loan Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$1,614,509.19	\$0.00
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	---------------

Debtor **Wexford Labs, Inc.**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Mary Anne Auer**

Creditor's Name

**7600 Walinca Terrace
Saint Louis, MO 63105**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2022

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$623,592.91**\$0.00****Secured by all assets.**

Describe the lien

Loan

Is the creditor an insider or related party?

☐ No☒ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,641,867.27**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Jeffrey Singer
10493 Frontenac Woods Lane
Saint Louis, MO 63131**Line **2.1****Jeffrey Singer
2 Sunny Meade Lane
Ladue, MO 63124**Line **2.1****Jeffrey Singer, Trustee of Indenture of Trust of Tracey Flom Singer u/a/d March 20, 1996
2 Sunny Meade Lane
Saint Louis, MO 63124**Line **2.1****Mary Anne Auer
7600 Walinca Terrace
Saint Louis, MO 63105**Line **2.1****Tracey Flom Singer
2 Sunny Meade Lane
Saint Louis, MO 63124**Line **2.1**

Debtor **Wexford Labs, Inc.**

Name

Case number (if known)

**Tracey Flom Singer, Trustee of Inde
ture of Trust of Tracey Flom Singer
u/a/d March 20, 1996
2 Sunny Meade Lane
Saint Louis, MO 63124**

Line **2.1**

Fill in this information to identify the case:Debtor name **Wexford Labs, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.2	Priority creditor's name and mailing address John Hancock 401(k) 690 Canton Street Suite 100 Westwood, MA 02090 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Company and employee contribution to 401k Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,759.73	\$12,759.73

Debtor	Wexford Labs, Inc.	Case number (if known)	
	Name		

2.3	Priority creditor's name and mailing address Missouri Department of Revenue Attn: Bankruptcy Unit P.O. Box 475 Jefferson City, MO 65105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Notice Only		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
--	--	--	-----------------	--

3.1	Nonpriority creditor's name and mailing address Acca Believe It, LLC d/b/a MEQL-Med-E-Quip Locators 10493 Frontenac Woods Ln Saint Louis, MO 63131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,118,234.52	
<hr/>				
3.2	Nonpriority creditor's name and mailing address American Burglary & Fire, Inc. 507 Rudder Road Fenton, MO 63026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00	
<hr/>				
3.3	Nonpriority creditor's name and mailing address AmeriGas P.O. Box 660288 Dallas, TX 75266-0288 Date(s) debt was incurred <u>3/6/2023</u> Last 4 digits of account number <u>0081</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.77	
<hr/>				
3.4	Nonpriority creditor's name and mailing address Aramark Uniform Services 2680 Palumbo Dr. Lexington, KY 40509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.58	
<hr/>				
3.5	Nonpriority creditor's name and mailing address Boxing It Up 3732 N. Broadway Saint Louis, MO 63147 Date(s) debt was incurred <u>3/21-4/21</u> Last 4 digits of account number <u>1004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.50	

Debtor	Wexford Labs, Inc. Name	Case number (if known)
--------	-----------------------------------	------------------------

3.6	Nonpriority creditor's name and mailing address Centraz Industries, Inc. 4051 Bingham Ave. Saint Louis, MO 63116 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number <u>FORD</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$384.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.7	Nonpriority creditor's name and mailing address CL Smith 1311 S. 39th Saint Louis, MO 63110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$543.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.8	Nonpriority creditor's name and mailing address Dayton Freight P.O. Box 340 Vandalia, OH 45377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$134.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.9	Nonpriority creditor's name and mailing address Dell Tech Laboratories LTD Unit #3-1331 Hyde Park Rd. London Ontario N6H 5MP Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.10	Nonpriority creditor's name and mailing address Dema Engineering Company P.O. Box 958598 Saint Louis, MO 63195 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number <u>3352</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$356.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.11	Nonpriority creditor's name and mailing address Dynamic Wipes Industries 9 Hatena Street Industrial Estate H Asdod 7726505 Israel Date(s) debt was incurred <u>1/20/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$584,605.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.12	Nonpriority creditor's name and mailing address Fed Ex P.O. Box 94515 Palatine, IL 60094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Debtor Wexford Labs, Inc. Name		Case number (if known)	
3.13	Nonpriority creditor's name and mailing address Fisher Scientific Vendor Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>3/8/2023</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.99
3.14	Nonpriority creditor's name and mailing address Forklift America 4316 Bridgeton Industrial Drive Bridgeton, MO 63044 Date(s) debt was incurred <u>11/1/22</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,421.28
3.15	Nonpriority creditor's name and mailing address Freight Watchers 121 Bremen Saint Louis, MO 63147 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.16	Nonpriority creditor's name and mailing address Harcros Chemicals 4330 Geraldine Ave. Saint Louis, MO 63115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$560.88
3.17	Nonpriority creditor's name and mailing address iAromatics 200 Anderson Avenue Moonachie, NJ 07074 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
3.18	Nonpriority creditor's name and mailing address Industrial Soap Company 9150 Latty Ave Saint Louis, MO 63134 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>5671</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,461.71
3.19	Nonpriority creditor's name and mailing address Jeff Weisman 904 S 4th Street Suite 302 Saint Louis, MO 63102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$536.00

Debtor	Wexford Labs, Inc. Name	Case number (if known)
--------	-----------------------------------	------------------------

3.20	Nonpriority creditor's name and mailing address Jung Logistics, Inc. 10075 Progress Parkway Mascoutah, IL 62258 Date(s) debt was incurred <u>3/1/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135,715.00
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------

3.21	Nonpriority creditor's name and mailing address Jung Truck Service, Inc. 10075 Progress Parkway Mascoutah, IL 62258 Date(s) debt was incurred <u>3/16/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,764.00
------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

3.22	Nonpriority creditor's name and mailing address KB Pods 1300 W 3rd Street #2-F Granite City, IL 62040 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,293.00
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.23	Nonpriority creditor's name and mailing address Logistics Supply 10926 David Taylor Dr. Suite 300 Charlotte, NC 28262 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$996.45
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------

3.24	Nonpriority creditor's name and mailing address Magid Glove & Safety P.O. Box 95081 Chicago, IL 60694 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number <u>7468</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,458.45
------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.25	Nonpriority creditor's name and mailing address Misco Products 1048 Stinson Dr. Redding, PA 19065 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.14
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------

3.26	Nonpriority creditor's name and mailing address MJ Property Holdings, LLC P.O. Box 711 Waseca, MN 56093 Date(s) debt was incurred <u>1/2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,725.26
------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

Debtor	Wexford Labs, Inc. Name _____	Case number (if known) _____
--------	-----------------------------------------	------------------------------

3.27	Nonpriority creditor's name and mailing address MSC Freight Attn: Cody Evans-Legal-Cargo Claims Dept 700 Watermark Blvd. Mount Pleasant, SC 29464 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,015.39
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

3.28	Nonpriority creditor's name and mailing address Pedro's Planet 290 Axminister Drive Fenton, MO 63026 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.85
------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------

3.29	Nonpriority creditor's name and mailing address Pipeline Packaging 27157 Network PI Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,904.00
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.30	Nonpriority creditor's name and mailing address Prestige Print Solutions 1022 Fox Chase Industrial Dr. Arnold, MO 63010 Date(s) debt was incurred <u>2/27/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,860.00
------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.31	Nonpriority creditor's name and mailing address Quench USA, Inc. 630 Allendale Rd. Ste. 200 King of Prussia, PA 19406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.72
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------

3.32	Nonpriority creditor's name and mailing address Red Wing Shoes. P.O. Box 844329 Dallas, TX 75284-4329 Date(s) debt was incurred <u>2/24/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.20
------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------

3.33	Nonpriority creditor's name and mailing address RH Meyer P.O. Box 96 Thompson, MO 65285 Date(s) debt was incurred <u>4/24/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,200.00
------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

Debtor	Wexford Labs, Inc. Name	Case number (if known)
--------	-----------------------------------	------------------------

3.34	Nonpriority creditor's name and mailing address Rochester Midland P.O. Box 64462 Rochester, NY 14624 Date(s) debt was incurred <u>2/2023-3/2023</u> Last 4 digits of account number <u>4787</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,819.18
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.35	Nonpriority creditor's name and mailing address SAIA Motor Freight Line, LLC P.O. Box 730532 Dallas, TX 75373-0532 Date(s) debt was incurred <u>3/1/23</u> Last 4 digits of account number <u>0235</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,383.41
------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.36	Nonpriority creditor's name and mailing address Shrink Solutions P.O. Box 97 1458 CR 194 Henagar, AL 35978 Date(s) debt was incurred <u>4/5/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,969.74
------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

3.37	Nonpriority creditor's name and mailing address SpaceKraft 5012 W. 79th St. Indianapolis, IN 46268 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,429.93
------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.38	Nonpriority creditor's name and mailing address State of California Department of Pesticide Regulation 1001 I Street Sacramento, CA 95812 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,973.41
------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

3.39	Nonpriority creditor's name and mailing address Trade Press Media Group 2100 W. Florist Ave. Milwaukee, WI 53209 Date(s) debt was incurred <u>4/15/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,160.00
------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

3.40	Nonpriority creditor's name and mailing address Unishippers P.O. Box 896 Solvang, CA 93464 Date(s) debt was incurred <u>3/13/2023</u> Last 4 digits of account number <u>6898</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,093.64
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

Debtor	Name	Case number (if known)
3.41	Wexford Labs, Inc. Univar Solutions USA, Inc. 62190 Collections Center Drive Chicago, IL 60693-0621 Date(s) debt was incurred <u>02/15/2023</u> Last 4 digits of account number <u>0218</u>	\$18,660.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	VanGO 101 West Argonne Drive Suite 178 Saint Louis, MO 63122 Date(s) debt was incurred ____ Last 4 digits of account number ____	\$103.50 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Veolia P.O. Box 73709 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	\$2,145.01 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	XPO Logistics 29559 Network Place Chicago, IL 60673-1159 Date(s) debt was incurred <u>2/23-3/23</u> Last 4 digits of account number ____	\$2,784.01 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	YRC Freight P.O. Box 93151 Chicago, IL 60673 Date(s) debt was incurred <u>4/23-5/23</u> Last 4 digits of account number ____	\$775.52 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Zim American Intergrated Shipping Servic 9550 W. Lawrence Ave., Ste. 215 Schiller Park, IL 60176 Date(s) debt was incurred <u>3/21-4/21</u> Last 4 digits of account number <u>EXFO</u>	\$1,073.46 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Asaf Biger, Adv. 3B Hanechoshet St., 7th Floor Tel-Aviv 6971068, Israel	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor **Wexford Labs, Inc.**

Name

Case number (if known)

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.2 **Husch Blackwell**
8001 Forsyth Boulevard
Suite 1500
Saint Louis, MO 63105

Line **3.20**

—

☐ Not listed. Explain _____

4.3 **Husch Blackwell**
8001 Forsyth Boulevard
Suite 1500
Saint Louis, MO 63105

Line **3.21**

—

☐ Not listed. Explain _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts5a. \$ **12,759.73**5b. + \$ **2,127,981.62**5c. \$ **2,140,741.35**

Fill in this information to identify the case:Debtor name **Wexford Labs, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Warehouse Space**State the term remaining **Month to Month**

List the contract number of any government contract _____

**KB Pods, LLC
Attn: Trudy Luchini
1300 W. 3rd Street #2-F
Granite City, IL 62040**2.2. State what the contract or lease is for and the nature of the debtor's interest **Warehouse Space**State the term remaining **Month to Month**

List the contract number of any government contract _____

**MJ Property
P.O. Box 711
Waseca, MN 56093**2.3. State what the contract or lease is for and the nature of the debtor's interest **Warehouse Space**State the term remaining **Month to Month**

List the contract number of any government contract _____

**Park 70 Group LLC
Attn: Accounting
4622 Pennsylvania Ave.
Suite 700
Kansas City, MO 64112**2.4. State what the contract or lease is for and the nature of the debtor's interest **Warehouse Space**State the term remaining **28 Months**

List the contract number of any government contract _____

**Summers and Graytek Enterprises, LLC
c/o Hilliker Corporation
1401 S. Brentwood Blvd., Ste. 650
Saint Louis, MO 63144**

Fill in this information to identify the case:Debtor name Wexford Labs, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Wexford Labs, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**
From **10/01/2022** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business
☐ Other _____**Gross revenue**
(before deductions and exclusions)\$1,759,064.00**For year before that:**
From **10/01/2021** to **9/30/2022**☒ Operating a business
☐ Other _____\$7,754,335.00**For the fiscal year:**
From **10/01/2020** to **9/30/2021**☒ Operating a business
☐ Other _____\$66,814,035.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **Wexford Labs, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Deko International Co 4283 Shoreline Dr. Earth City, MO 63045	4/23	\$8,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. EMCO 97743 Eagle Way Chicago, IL 60678	4/23	\$25,008.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Lanxess Corp. 13674 Collections Dr. Chicago, IL 60693	4/26	\$57,937.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. Chemisphere 2101 Clifton Ave Saint Louis, MO 63139	4/23	\$18,260.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. CL Smith P.O. Box 842052 Kansas City, MO 64184	4/23 and 5/23	\$15,479.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.6. Hydro Systems Company 28781 Network Place Chicago, IL 60673	4/23	\$14,043.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.7. Rochester Midland P.O. Box 64462 Rochester, NY 14624	4/23 and 5/23	\$10,169.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.8. Industrial Soap Company 9150 Latty Ave. Saint Louis, MO 63134	4/23 and 5/23	\$9,528.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **Wexford Labs, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Univar Solutions USA, Inc. 62190 Collections Center Drive Chicago, IL 60693-0621	4/23	\$20,448.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 Financial & Marketing Solutions LLC 14830 Brook Hill Drive Chesterfield, MO 63017	6/16/2023, 6/20/23	\$81,313.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Loan Payment</u>
3.11 Maryland Packaging 7030 Troy Hill Dr., #500 Elkridge, MD 21075	5/16/2023	\$50,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Garnishment</u>
3.12 Carmody MacDonald P.C. 120 S. Central Avenue, Suite 1800 Saint Louis, MO 63105	3/22/23 - \$919.00 5/1/23 - \$2352.00 5/23/23 - \$213.50 6/8/23 - \$15,900.96	\$19,385.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

Part 3: Legal Actions or Assignments

Debtor **Wexford Labs, Inc.**

Case number (if known)

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Jung Truck Service, Inc., an Illinois Corporation v. Wexford Labs, Inc., a Missouri corporation 23LA0161	Tort	St. Clair County Circuit Clerk 10 Public Square A300 Belleville, IL 62220	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Maryland Packaging Ltd., Inc. v. Wexford Labs, Inc. C-13-CV-22-000811	Confessed Judgment	Howard County Circuit Court 9250 Judicial Way Ellicott City, MD 21043	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	-------------------------------------------	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
-------------------------------------------------------	-------------------------------------------------	-------	-----------------------

Debtor **Wexford Labs, Inc.**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Carmody MacDonald P.C. 120 S. Central Ave., Suite 1800 Saint Louis, MO 63105	Attorney Fees	06/20/2023	\$20,000.00
	Email or website address ree@carmodymacdonald.com			
	Who made the payment, if not debtor?			
11.2.	Carmody MacDonald P.C. 120 S. Central Avenue, Suite 1800 Saint Louis, MO 63105		7/22 through 6/23	\$45,392.70
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Maryland Packaging 7030 Troy Hill Dr., #500 Elkridge, MD 21075	Garnishment	3/9/23	\$101,313.98
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Debtor **Wexford Labs, Inc.**

Case number (if known)

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Debtor **Wexford Labs, Inc.**

Case number (if known) _____

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Summers and Graytek Enterprises, LLC c/o Hilliker Corporation 1401 S. Brentwood Blvd., Ste. 650 Saint Louis, MO 63144	Kevin Coyne 516 N. Laclede Station Road Webster Groves, MO 63119	Raw material components. Disinfectant wipes.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
KB Pods, LLC 1300 W. 3rd Street #2-F Granite City, IL 62040	Trudy Luchini 1300 W. 3rd Street #2-F Granite City, IL 62040	160 Count Canisters	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
MJ Property P.O. Box 711 Waseca, MN 56093	Koy Payne 2300 Brown Avenue Waseca, MN 56093	400 Count Dry Wipes 160 Count Buckets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Park 70 Group LLC 4622 Pennsylvania Ave. Suite 700 Kansas City, MO 64112	Patrick Coleman, 445 Sappinton Barricks Rd., St. Louis, MO 63125 Kevin Coyne, 516 N. Laclede Station Rd., Webster Groves, MO 63119 Brandon Duncan, 4600 Goodfellow Blvd., Ste. B, St. Louis, MO 63120	Boulder Clean Wipes 160 Count Canisters 400 Count Buckets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Debtor **Wexford Labs, Inc.**

Case number (if known)

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

25.1. **Med-E-Quip Locators**
325 Leffingwell Ave.
Saint Louis, MO 63122

Buy, sell and rent medical equipment.

EIN: **47-1529715**

From-To

25.2. **Healthcare Infection Control Solutions**
261 Wolfner Drive
Fenton, MO 63026

Specialize compounding pharmacy products.

EIN: **46-3640817**

From-To

25.3. **On-Site Clean**
261 Wolfner Drive
Fenton, MO 63026

Compounding pharmacy cleaning service.

EIN: **82-2627856**

From-To

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26a.1. **Richard Flom**
SFW Partners
1610 Des Peres Rd., #300
Saint Louis, MO 63131

8/6/19-Present

26a.2. **Molly Troll**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26b.1. **SFW Partners**
1610 Des Peres Rd #300
Saint Louis, MO 63131

Debtor **Wexford Labs, Inc.**

Case number (if known)

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Charles Thal 6 Roclare Ln. Saint Louis, MO 63131	
26c.2.	Jeff Singer 2 Sunny Meade Saint Louis, MO 63124	
26c.3.	Mary Anne Auer 7600 Walinca Terrace Saint Louis, MO 63105	
26c.4.	Molly Troll	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	Enterprise Bank & Trust
26d.2.	Financial & Marketing Solutions LLC 14830 Brook Hill Drive Chesterfield, MO 63017

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---------------------------------------------------------------	-------------------	------------------------------------------------------------------------------

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jeffrey Singer	2 Sunny Meade Saint Louis, MO 63124		42.96
Mary Anne Auer	7600 Walinca Terrace Saint Louis, MO 63105		15.16%
Julie Fix	215 Austin Place Saint Louis, MO 63122		20.22%

Debtor **Wexford Labs, Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Mary Jo Thierry	3901 Mitchford Dr. Saint Louis, MO 63125		10.11
Name	Address	Position and nature of any interest	% of interest, if any
Ibrahim Abe Raziq	107 Groton Dr. Wentzville, MO 63385		1.50%
Name	Address	Position and nature of any interest	% of interest, if any
Tracey Singer	2 Sunny Meade Saint Louis, MO 63124		7.58
Name	Address	Position and nature of any interest	% of interest, if any
Ikbal Raziq	107 Groton Dr. Wentzville, MO 63385		1.48
Name	Address	Position and nature of any interest	% of interest, if any
Mona Raziq-Joyce	118 Behrens Dr. Edwardsville, IL 62025		0.49
Name	Address	Position and nature of any interest	% of interest, if any
Amir Raziq	330 E. 90th St., 1B New York, NY 10128		0.49

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	------------------------------------------------------	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	----------------------------------------------------------

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Debtor **Wexford Labs, Inc.**

Case number (if known) _____

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 20, 2023****/s/ Jeffrey Singer**

Signature of individual signing on behalf of the debtor

Jeffrey Singer

Printed name

Position or relationship to debtor **CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Illinois

In re **Wexford Labs, Inc.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	20,000.00
Prior to the filing of this statement I have received	\$	20,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 20, 2023

Date

/s/ Robert E. Eggmann

Robert E. Eggmann 6203021

Signature of Attorney

Carmody MacDonald P.C.

120 S. Central Ave., Suite 1800

Saint Louis, MO 63105

314-854-8600 Fax: 314-854-8660

ree@carmodymacdonald.com

Name of law firm

**United States Bankruptcy Court
Southern District of Illinois**

In re Wexford Labs, Inc.

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Amir Raziq 330 E. 90th St., 1B New York, NY 10128			0.49%
Ibrahim Abe Raziq 107 Groton Dr. Wentzville, MO 63385			1.50%
Ikbal Raziq 107 Groton Dr. Wentzville, MO 63385			1.48%
Jeffrey Singer 2 Sunny Meade Saint Louis, MO 63124			42.96%
Julie Fix 215 Austin Place Saint Louis, MO 63122			20.22%
Mary Anne Auer 7600 Walinca Terrace Saint Louis, MO 63105			15.16%
Mary Jo Thierry 3901 Mitchford Dr. Saint Louis, MO 63125			10.11%
Mona Raziq-Joyce 118 Behrens Dr. Edwardsville, IL 62025			0.49%
Tracey Singer 2 Sunny Meade Saint Louis, MO 63124			7.58%

In re: **Wexford Labs, Inc.**

Debtor(s)

Case No. _____

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---------------------------------------------------------------	----------------	----------------------	------------------

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 20, 2023**Signature **/s/ Jeffrey Singer**
Jeffrey Singer

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Southern District of Illinois**

In re **Wexford Labs, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge and that it corresponds to the creditors listed in our schedules.

Date: **June 20, 2023**

/s/ Jeffrey Singer

Jeffrey Singer/CEO

Signer/Title

Acca Believe It, LLC
d/b/a MEQL-Med-E-Quip Locators
10493 Frontenac Woods Ln
Saint Louis, MO 63131

American Burglary & Fire, Inc.
507 Rudder Road
Fenton, MO 63026

AmeriGas
P.O. Box 660288
Dallas, TX 75266-0288

Aramark Uniform Services
2680 Palumbo Dr.
Lexington, KY 40509

Asaf Biger, Adv.
3B Hanechoshet St., 7th Floor
Tel-Aviv 6971068, Israel

Boxing It Up
3732 N. Broadway
Saint Louis, MO 63147

Centraz Industries, Inc.
4051 Bingham Ave.
Saint Louis, MO 63116

CL Smith
1311 S. 39th
Saint Louis, MO 63110

Dayton Freight
P.O. Box 340
Vandalia, OH 45377

Dell Tech Laboratories LTD
Unit #3-1331 Hyde Park Rd.
London Ontario N6H 5MP

Dema Engineering Company
P.O. Box 958598
Saint Louis, MO 63195

Dynamic Wipes Industries
9 Hatena Street
Industrial Estate H
Asdod 7726505 Israel

Fed Ex
P.O. Box 94515
Palatine, IL 60094

Financial & Marketing Solutions LLC
6 Roclare Ln.
Saint Louis, MO 63131

Fisher Scientific Vendor
Collections Center Drive
Chicago, IL 60693

Forklift America
4316 Bridgeton Industrial Drive
Bridgeton, MO 63044

Freight Watchers
121 Bremen
Saint Louis, MO 63147

Harcros Chemicals
4330 Geraldine Ave.
Saint Louis, MO 63115

Husch Blackwell
8001 Forsyth Boulevard
Suite 1500
Saint Louis, MO 63105

iAromatics
200 Anderson Avenue
Moonachie, NJ 07074

Industrial Soap Company
9150 Latty Ave
Saint Louis, MO 63134

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

Jeff Weisman
904 S 4th Street
Suite 302
Saint Louis, MO 63102

Jeffrey L. Singer Revocable Trust
dtd 3-20-1996
2 Sunnymead Lane
Saint Louis, MO 63124

Jeffrey Singer
10493 Frontenac Woods Lane
Saint Louis, MO 63131

Jeffrey Singer
2 Sunny Meade Lane
Ladue, MO 63124

Jeffrey Singer, Trustee of Indentur
e of Trust of Tracey Flom Singer u/
a/d March 20, 1996
2 Sunny Meade Lane
Saint Louis, MO 63124

John Hancock 401(k)
690 Canton Street
Suite 100
Westwood, MA 02090

Jung Logistics, Inc.
10075 Progress Parkway
Mascoutah, IL 62258

Jung Truck Service, Inc.
10075 Progress Parkway
Mascoutah, IL 62258

KB Pods
1300 W 3rd Street #2-F
Granite City, IL 62040

KB Pods, LLC
Attn: Trudy Luchini
1300 W. 3rd Street #2-F
Granite City, IL 62040

Logistics Supply
10926 David Taylor Dr.
Suite 300
Charlotte, NC 28262

Magid Glove & Safety
P.O. Box 95081
Chicago, IL 60694

Mary Anne Auer
7600 Walinca Terrace
Saint Louis, MO 63105

Misco Products
1048 Stinson Dr.
Redding, PA 19065

Missouri Department of Revenue
Attn: Bankruptcy Unit
P.O. Box 475
Jefferson City, MO 65105

MJ Property
P.O. Box 711
Waseca, MN 56093

MJ Property Holdings, LLC
P.O. Box 711
Waseca, MN 56093

MSC Freight
Attn: Cody Evans-Legal-Cargo Claims Dept
700 Watermark Blvd.
Mount Pleasant, SC 29464

Park 70 Group LLC
Attn: Accounting
4622 Pennsylvania Ave.
Suite 700
Kansas City, MO 64112

Pedro's Planet
290 Axminister Drive
Fenton, MO 63026

Pipeline Packaging
27157 Network Pl
Chicago, IL 60673

Prestige Print Solutions
1022 Fox Chase Industrial Dr.
Arnold, MO 63010

Quench USA, Inc.
630 Allendale Rd.
Ste. 200
King of Prussia, PA 19406

Red Wing Shoes.
P.O. Box 844329
Dallas, TX 75284-4329

RH Meyer
P.O. Box 96
Thompson, MO 65285

Rochester Midland
P.O. Box 64462
Rochester, NY 14624

SAIA Motor Freight Line, LLC
P.O. Box 730532
Dallas, TX 75373-0532

Shrink Solutions
P.O. Box 97
1458 CR 194
Henagar, AL 35978

SpaceKraft
5012 W. 79th St.
Indianapolis, IN 46268

State of California
Department of Pesticide Regulation
1001 I Street
Sacramento, CA 95812

Summers and Graytek Enterprises, LLC
c/o Hilliker Corporation
1401 S. Brentwood Blvd., Ste. 650
Saint Louis, MO 63144

Tracey Flom Singer
2 Sunny Meade Lane
Saint Louis, MO 63124

Tracey Flom Singer, Trustee of Inde
ture of Trust of Tracey Flom Singer
u/a/d March 20, 1996
2 Sunny Meade Lane
Saint Louis, MO 63124

Trade Press Media Group
2100 W. Florist Ave.
Milwaukee, WI 53209

Unishippers
P.O. Box 896
Solvang, CA 93464

Univar Solutions USA, Inc.
62190 Collections Center Drive
Chicago, IL 60693-0621

VanGO
101 West Argonne Drive
Suite 178
Saint Louis, MO 63122

Veolia
P.O. Box 73709
Chicago, IL 60673

XPO Logistics
29559 Network Place
Chicago, IL 60673-1159

YRC Freight
P.O. Box 93151
Chicago, IL 60673

Zim American Intergrated Shipping Servic
9550 W. Lawrence Ave., Ste. 215
Schiller Park, IL 60176